

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004075

FILED
Apr 18, 2005
Secretary of State

Entity Name: SEABREEZE ADVENTURES, L.L.C.

Current Principal Place of Business:

P.O. BOX 2153
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2153
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-3637287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDELSON, ROBERT
851 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JOHNSON, WILLIAM M
Address: PO BOX 2153
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM () Delete
Name: JOHNSON, JOE E
Address: PO BOX 2153
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM M. JOHNSON

MGRM

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date